

MEDICAID-PEACHCARE –Banner Notification 3/8/2004: IMPORTANT UPDATE

Effective 3/1/2004

As communicated to you in January, the Georgia Department of Community Health (DCH) revised its current PDL for maximum clinical and cost effectiveness due to the continued growth in drug expenditures. Listed below are the preferred and non-preferred products in the first five (5) therapeutic categories impacted by this preferred drug list revision.

Proton Pump Inhibitors – Please note, a prior authorization is still required to obtain any PPI. Once authorization to obtain a PPI has been granted, an additional prior authorization is also required to obtain one of the non-preferred agents. Both prior authorizations are reviewed during the same PPI prior authorization request phone call.

Preferred Agents

Protonix
Aciphex
Prevacid (caps and susp)

Non-Preferred Agents

Omeprazole (generic Prilosec)
Nexium
Prilosec
Prevacid Solutabs
Prilosec OTC - NOT COVERED

Calcium Channel Blockers – Dihydropyridines – All non-preferred agents in this category will require prior authorization.

Preferred Agents

Cardene
Nifedipine I.R.
Nicardipine HCl
Sular
Dynacirc
Dynacirc CR
Plendil
Norvasc
Afeditab CR

Non-Preferred Agents

Nifedical XL
Nifedipine tablet SA
Procardia XL
Cardene SR
Nifedipine ER
Procardia
Nifediac CC
Adalat CC*

*Note: Adalat CC was incorrectly identified on previous communications as "Preferred". Adalat CC has been corrected to "Non-Preferred" status.

Beta-Adrenergic Agents – Nebulizers – All non-preferred agents in this category will require prior authorization. Please note that Xopenex is a preferred agent. However at the point-of-sale an automated claims history search for use of albuterol sulfate will be done prior to allowing the Xopenex claim to process.

Preferred Agents

Albuterol Sulfate
Xopenex (automated step edit applied)

Non-Preferred Agents

Accuneb
Duoneb
Metaproterenol Sulfate

HMG-CoA Reductase Inhibitors (Statins) and Zetia – All non-preferred agents in this category will require prior authorization.

Preferred Agents

Lescol	Advicor
Lescol XL	Lovastatin
Altocor	Lipitor
Pravachol	Zocor

Non-Preferred Agents

Mevacor
Crestor
Pravigard PAC
Zetia

Nasal Steroids – All non-preferred agents in this category will require prior authorization.

Preferred Agents

Nasarel
Flonase
Rhinocort Aqua

Non-Preferred Agents

Beconase	Nasonex
Vancenase	Nasalide
Beconase AQ	Nasacort
Vancenase AQ	Flunisolide
Nasacort AQ	Rhinocort

A 30-day “grace” period will be given before the PA requirement for non-preferred agents is enforced (except Calcium Channel Blockers, which will have a 60 day “grace” period). During this grace period, a non-preferred agent will adjudicate without a PA for any Medicaid member who has a claim history for that non-preferred agent along with a message to indicate that the next filling will require a PA. Please look for this messaging and inform the Medicaid member of this requirement. Georgia Medicaid asks for your support in assisting members in contacting their physicians to notify them of the PA requirement and to consider changing to an alternative preferred product. **No prior authorization will be required for patients switched to preferred agents within these categories, except for the PPIs and Beta-Adrenergic Agents– Nebs.**

Please note that the State Health Benefit Plan and the Board of Regents plan no longer utilize the same preferred drug list as Georgia Medicaid, therefore, the above changes do not impact these plans.

We appreciate your assistance. If you have any questions, please contact Express Scripts Customer Service at 1-877-650-9340.

PLEASE SHARE THIS INFORMATION WITH APPROPRIATE STAFF. IF YOU ARE THE CORPORATE OFFICE OF A CHAIN PHARMACY, PLEASE PROVIDE THIS INFORMATION TO EACH OF YOUR STORES LOCATED IN GEORGIA. IF YOU HAVE ADDITIONAL QUESTIONS OR CONCERNS REGARDING THIS NOTIFICATION, PLEASE CONTACT ETTA HAWKINS, OR PAT ZEIGLER-JETER AT (404) 656-4044.

SINCERELY,

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

DIVISION OF MEDICAL ASSISTANCE